

Campus View North Condominium Association, Inc.

Electronic Notice Waiver

(Please print name, physical address and e-mail address legibly for proper identification)

I, _____, owner of the property located
at _____
do hereby agree that all Association information, all Meeting Notifications, and any other notice by
Association or Management with respect to Campus View North Condominium Association, Inc. may
be sent electronically by way of e-mail to the following e-mail address.

Authorized E-mail address: _____

Name of Association: **Campus View North Condominium Association, Inc.**

I understand and accept that I am fully responsible to notify the Association Board of Directors, or their Management agent, of any updated information regarding the e-mail address I have provided. Neither Board, nor Management holds any responsibility for Electronic Notices that are not received by the e-mail account I have provided. If the Board of Directors or Management can produce printed documentation showing the above e-mail address included in distribution of notices, I will be considered duly noticed. I assume all responsibility for failure of notification if I do not receive notice.

Accepted by:

Signature

Date

Please send the completed form to:
c/o Guardian Association Management
PO Box 143005
Gainesville, FL 32614
Fax: 352-562-7453
Email: Bookkeeper@GainesvilleGAM.com